

M13 000003933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

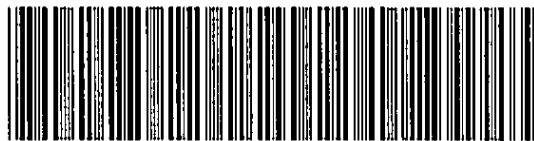
(Business Entity Name)

(Document Number)

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SEP 13 2017  
FLORIDA

SEP 13 2017

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

notifications@team.vivatropical.com

1. Name of the limited liability company: LA FAMILIA JOLLA DE SAMARA, LLC
2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
100 S. Olive Ave  
West Palm Beach, FL 33401
- (b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
PO Box 128  
Eastsound, WA 98245
3. Date of filing/registration in Florida 06/2013
4. Document number M13000003933

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
HARRINGTON LAW ASSOCIATES, PLLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
100 S. OLIVE AVENUE  
West Palm Beach 33401  
FL

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

LEGAL ALLIANCE INC.

**NEW** Registered Office Address:  
1200 BRICKELL AVE, PENTHOUSE 1950

MIAMI 33131  
FL

17 SEP 13 AM 8:49  
NOTED  
STATE OF FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

**JOSH LINES**

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00